

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MT</i>		<i>12-03-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>CH</i>	<i>1119</i>	<i>12-20-01</i>
RESPONSE FORMALITY REVIEW	<i>H-5</i>	<i>866</i>	<i>04-03-02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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